Hand arthritis

Preserving joint mobility

Summer gardening is one of your great delights. But over the last couple of months, you’ve noticed a definite change in one of your hands. A couple of the finger joints appear swollen and are tender at times, and bending them can be painful. Could this be arthritis?

There are several types of arthritis that may affect your hands. The most common related to aging is osteoarthritis, also called degenerative arthritis.

Small joints, big usage

Each of your hands is made up of 19 bones and associated joints. Every one of those joints is a matched set that relies on the smooth and slippery covering of shock-absorbing cartilage on the ends of each bone to move smoothly. However, time and everyday use of the joints — or an injury — can contribute to wear of the smooth cartilage surfaces.

Because hand joints are small, the workload on their cartilage surface can be considerable. Over time, the stress of everyday hand use factors into finger-joint wear. Although your fingers don’t bear the weight of your body, they do a lot of work.

Splinting can be done either by splinting the joint in the optimal position for function or by splinting it so that the joint can rest when it’s not in use, which allows for better function when the splint is off.
In the hands, osteoarthritis most often affects the fingertip joints (distal interphalangeal), and the joints in the middle of the fingers (proximal interphalangeal). The joint at the base of the thumb — the carpometacarpal joint — also is commonly affected and can be particularly bothersome (see our June 2006 article “Thumb arthritis”).

Operating instructions

In daily activities, you can help protect your joints from further injury by learning to recognize the difference between the general discomfort of arthritis and the pain that can result from overuse of a joint. Performing an activity that’s too stressful on a joint will result in pain that lasts more than one hour after an activity, or pain accompanied by joint swelling. To reduce stress on the joints in your hands:

- **Improve the grip factor for objects you regularly hold or grasp** — Kitchen utensils are available with specialized rubber grips. Look for texture on handles of tools you use regularly — any material that isn’t slippery. You can make items you regularly use easier to hold on to by wrapping the handles with a non-slip matting product such as Dycem or similar products, typically found in hardware stores. Gloves with sticky gripping surfaces — such as Bionic gloves, which are found in some garden and sports stores — also can help. You can also improve grip by wrapping a thick rubber band around a handle.

- **Increase the diameter size of objects you regularly hold or grasp** — Expanding the diameter reduces how hard you have to squeeze in order to grasp something. Again, hardware stores are a great place to pick up adaptive material such as cylindrical foam tubing that’s used to insulate copper piping. Simply cut it to the length you need and slide it over the utensil handle. Or, you can slit the foam lengthwise, place it around the object you are adapting and then tape it securely.

Nonoperative options

Your doctor may suggest the use of one or more of the following to help relieve hand arthritis pain:

- **Topical anti-inflammatory drugs** — Of particular value for relief is the prescription gel diclofenac (Voltaren), available in two strengths. It’s rubbed directly on the skin around the affected joint and causes fewer side effects than do oral medications. Because finger and hand joints are closer to the skin’s surface, diclofenac gel appears to provide good relief.

- **Nonsteroidal anti-inflammatory drugs (NSAIDs)** — Nonprescription aspirin, ibuprofen (Advil, Motrin, others), naproxen (Aleve, others) or prescription-strength medications of this type may help reduce inflammation, swelling and pain. However, ongoing use can cause ulcers, stomach bleeding and other complications.

- **Splints** — With arthritis of any type, the main purpose of splinting is to decrease pain. This can be done either by splinting the joint in the optimal position for function or by splinting it so that the joint can rest when it’s not in use, which allows for better function when the splint is off. Splinting can limit range of motion and give the affected joint a break from repeated irritation due to movement. If arthritis develops at the base of the thumb, splinting that large joint can be especially helpful. Other joints that may benefit from splinting are the finger joints in the middle of your fingers. To avoid interfering with daytime hand-use demands, these joints may benefit from nighttime splinting.

- **Corticosteroid injections** — These may provide short-term relief and can be done in your doctor’s office. They generally aren’t given...
to the same joint more than a cou-
ple of times a year.

**Use pain as your guide**

If conservative measures fail to adequately control osteoarthritis pain in the hand, and you’re having pain that interrupts your sleep or limits your activities, see your doctor. Surgical options that can relieve arthritis pain in the hand include:

- **Joint fusion (arthrodesis)** — This involves removing the ends of the two bones in the affected joint and locking them together until they heal into one rigid unit. Fusion is commonly used to treat the smallest joint toward the outer tip of a finger. It may also be done on the middle joint. In some instances, the large joint at the base of your finger — the metacarpophalangeal joint — may be fused. Fusion is an effective way to eliminate arthritis pain, and is more durable than joint replacement, but it also immobilizes the joint so it can no longer bend.

- **Joint replacement (arthroplasty)** — This is generally reserved for the most-severely damaged joints. The small joints nearest the fingertips are rarely replaced. Joint replacement is more commonly done on middle joints of the fingers and joints at the base of fingers. Several different replacement joint materials are being used. Replaced joints are no longer painful. How long a replacement joint lasts depends on your activity level and age.

**Get to know your hands**

If you encounter pain while moving your hands through your normal range of motion, make a mental note of it to see if it begins to regularly occur. If you have pain or pain that persists, consider seeing your doctor to learn about exercises and interventions that could help relieve pain and improve your range of motion.

Hand exercises can help maintain normal joint function and relieve stiffness. These might include making an O by touching each of your fingertips in turn to your thumb (such as in A and B); stretching your fingers wide (C); making a fist by bending each joint as much as possible (D); or bending the end and middle joints of your fingers (E). Repeat these several times a day, but don’t force a motion if you feel pain.

**Health tips**

**West Nile virus**

West Nile virus is transmitted by mosquitoes and is present in most areas of the United States. Most people infected by the virus have either no symptoms or only mild flu-like symptoms. However, in 2008 it caused severe complications in nearly 700 Americans and 44 deaths. Avoid West Nile virus by:

- **Using insect repellents** — Products containing DEET (Off, Repel, others) or picaridin (Cutter Advanced, others) are the only reliably effective repellents used on skin. A product with a 20 to 50 percent concentration of DEET will provide six to 12 hours of protection. Picaridin products have a 7 percent picaridin concentration and provide about three to four hours of protection.

- **Wearing protective clothing** — Wear long-sleeved shirts and long pants. Permethrin is an effective insecticide that’s applied only to clothing.

- **Avoiding the outdoors at dawn and dusk** — This is when mosquito activity is at its peak. If you’re outside during this time, be sure to use repellent or wear protective clothing — or both.

- **Eliminating habitat** — Drain areas of stagnant or standing water, which is where mosquitoes breed.

- **Keeping your guard up** — Peak season for West Nile virus is August and September, even in northern states. Anytime mosquitoes are in the air, there’s at least some risk.
Beyond PSA: Will future biomarker tests be better?

Prostate cancer is the most commonly diagnosed cancer in men in the United States. Typically, it’s slow growing — but not always. Screening and monitoring for the disease rely in large part on regular blood tests that check for elevated levels of prostate-specific antigen (PSA). But the PSA test is controversial.

PSA misses 1 in 4 early cancers, and only about one-third of men with elevated PSA levels actually have cancer. Definitive testing with a needle biopsy is typically done to diagnose the cancer and to determine if the cancer is aggressive versus slow growing. Slow-growing prostate cancers are more likely to stay in the prostate gland.

Scientists have identified a new biomarker in urine that one day may prove to be a better means of distinguishing between slow-growing prostate cancers and those that are more likely to be deadly and spread. The findings, which were published in the Feb. 12, 2009, issue of *Nature*, focused on a compound called sarcosine.

Sarcosine is a byproduct (metabolite) found in urine as a result of chemical reactions that occur in the body. Researchers analyzed metabolites in prostate tissue samples, blood and urine from men who didn’t have prostate cancer and from men in various stages of prostate cancer. Sarcosine was notably absent from healthy tissue, but was found in considerable concentrations when prostate cancer was confined to the gland and in even greater amounts if the cancer had spread (metastasized) beyond the gland.

While sarcosine screening is nowhere close to ready for use in the clinical setting, it represents one of many hopeful avenues of research that someday may make diagnosis of prostate cancer more reliable. Researchers in the metabolite field wonder if checking sarcosine levels alone or in combination with a number of other biomarkers might someday provide a more precise method of not only screening for prostate cancer but also distinguishing between slow-growing or aggressive forms of the cancer.

Statins may reduce risk of prostate cancer

If you take a drug in the statin class — such as atorvastatin (Lipitor), pravastatin (Pravachol, others) or simvastatin (Zocor, others) —to improve your cholesterol levels and reduce your risk of heart attack, you may be doing something good for your prostate health, as well.

In a Mayo Clinic study that tracked 2,447 older men for 15 years, those who took statins had three times less risk of developing prostate cancer than did men who didn’t take a statin. In addition, statin use resulted in a 57 percent lower risk of developing noncancerous prostate enlargement. The research was presented at a conference of the American Urological Association in April 2009.

It’s too early to recommend taking statins for prostate health alone. Still, it’s good to know that taking a statin to reduce heart disease risk may result in a win-win situation for prostate health.

Herbal supplements

Risks to your health

If herbal supplements are “natural,” how can they be bad for you? It’s a common question, and the assumption many people make is that natural equals safe.

That’s not always the case. Herbal supplements contain ingredients that affect your body functions, much the same as prescription and nonprescription drugs. When used properly, many herbal supplements may be safe and possibly beneficial to your health.

However, a few can cause life-threatening problems such as liver or kidney damage, uncontrolled bleeding, or heart arrhythmias. In addition, some common herbs are known to seriously alter the effect of other drugs you may be taking, and can also impact the safety of a surgical procedure.

The bottom line is that it’s best to be open with your doctor in regard to your herbal supplement use, especially if you take medications or are about to have surgery.

Drugs and herbs

Many types of herbs can interact with medications. Some herbs alter how your body metabolizes drugs, which can alter their potency. Some can add to a drug’s action, while others may work to negate its effects. Known interactions include:

- **St. John’s wort** — This can greatly increase or decrease the potency of many drugs and can cause serious side effects. You probably shouldn’t take St. John’s wort if you take any prescription medication, particularly if you take antidepressants, anti-blood-clotting drugs, certain asthma drugs, immune-suppressing medications or steroids.
anti-blood-clotting drugs or any of the herbal supplements may affect how older adults react to medications. It's very important that you not take any herbal supplement without talking to your doctor if you take anti-blood-clotting drugs or any of the following:

- The heart drug digoxin
- Medications to control irregular heart rhythms (arrhythmias)
- Drugs to control seizures

Expect new standards
For years, it's been nearly impossible to know exactly what you're getting when purchasing herbal supplements. Tests have shown that herbal supplements often have amounts of active ingredients that don't match what's advertised on the label — or include active ingredients not listed on the label, or even contaminants.

This should change with manufacturing standards being implemented by the Food and Drug Administration for manufacturers of herbal products.

The new standards — known as Current Good Manufacturing Practices (cGMPs) — involve rules that manufacturers will have to follow in order to sell herbal supplements in the United States.

Larger companies are already required to comply with the standards. Small companies have until June 2010 to comply.

- Drugs to suppress the immune system, such as those used by people who have received an organ transplant or have autoimmune diseases such as rheumatoid arthritis

Surgery and herbs
Use of certain herbal supplements needs to be discontinued two to three weeks before certain surgical procedures. That's because herbal supplements may affect:

- Blood clotting — In addition to garlic, ginseng, ginger, feverfew and ginkgo, numerous other supplements, such as fenugreek, fish oil, green tea, resveratrol and saw palmetto might interfere with the ability of your blood to clot.
- Your response to sedation — Kava, chamomile, lavender, melatonin and valerian may add to the sedative properties of anesthesia and pain medications.
- Blood pressure control — In addition to cat's claw, several supplements could potentially contribute to unwanted lowering of blood pressure, including coenzyme Q10, L-arginine and licorice.

Stimulant herbs such as bitter orange, ephedra, ginseng, green tea extracts and others can raise blood pressure and contribute to heart rhythm problems. These herbs are often ingredients in weight-loss pills.

Safe use
If you use — or are planning to use — herbal supplements, mention it to your doctor at your next visit.

In addition, use these tips to help increase safety:

- Follow supplement instructions — Don't exceed recommended dosages or take the herb for longer than recommended. Talk to your doctor about dose adjustments if you're 65 or older. Several factors may affect how older adults react to a standard herb dosage.
- Be extra cautious about supplements manufactured outside the United States — Herbal products from some European countries such as Germany are highly regulated and standardized and may thus be a good choice. But toxic ingredients and prescription drugs have been found in supplements manufactured elsewhere, particularly China, India and Mexico.
- Avoid certain herbs — Avoid taking chaparral, kava and ephedra — also known as ma-huang. Herbal weight-loss formulas are best avoided as well. They often contain substances that cause serious side effects and haven't been shown to be effective for weight loss.
Groin rashes

Find some relief

Rashes affecting the groin area can be especially irritating — for some, even embarrassing. But don’t let that stop you from getting medical help.

Seeking advice from your doctor at the first signs of a groin rash or irritation can result in directed treatment approaches that often bring relief.

There’s the rub

One of the more-common forms of skin infection and inflammation is intertrigo (in-tur-TRI-go), and it can occur when two warm and moist surfaces of your skin rub against each other. The chafing traps moisture and results in red, itchy, sore skin due to tiny breaks in the skin’s surface. This allows for fungal growth — one of the most common being candida (yeast) — and for bacterial growth.

Typically, the rash is reddish-brown and may produce oozing and crusting. Risk of intertrigo increases if you’re obese or have diabetes. It’s also greater if you have urinary or fecal incontinence.

One type of bacterial infection that can occur along with intertrigo or independently is erythrasma (er-uh-THRAZ-muh). Except for possibly mild itching, erythrasma usually causes no other discomfort. Affected areas typically have a reddish color. A special exam light can be used in the office setting to diagnose this infection.

Intertrigo isn’t likely to go away on its own. You can try to keep the skin dry and use a nonprescription zinc oxide cream or antifungal powder. Other treatments your doctor can recommend include the use of antifungal or antibacterial creams, oral antibiotics, and dilute-vinegar soaks, which may help kill germs related to bacterial or fungal infections. Mild hydrocortisone cream may reduce skin inflammation. If erythrasma is involved, the antibiotic erythromycin may be especially useful.

Other notable groin-rash offenders include:

- **Eczema (dermatitis)** — Whether you’ve experienced episodes of eczema’s inflammation and itching since youth or it’s a more recent development, flare-ups of these red to brownish-gray patches can be very uncomfortable. Tiny raised bumps on inflamed skin may leak fluid and crust over when scratched.

  If self-help measures such as avoiding harsh, irritating soaps and applying nonprescription anti-itch creams and moisturizers aren’t enough, your doctor may prescribe corticosteroid creams or ointments. Oral antihistamines also may help.

- **Inverse psoriasis** — This form of psoriasis shows up as smooth red patches of skin and is aggravated by friction and sweating. It’s more typically seen in overweight people. Like eczema, psoriasis tends to flare up for a time and then subside. Typical treatments may include topical corticosteroids or use of topical anti-inflammatory medications called calcineurin inhibitors, such as tacrolimus (Protopic) or pimecrolimus (Elidel). Sometimes, a bacterial infection on the skin such as strep (streptococcus) can trigger psoriasis. If that’s the case, it will need treatment as well.

- **Folliculitis** — Tiny hair follicles are found on most of your skin. When follicles are damaged from friction with clothes or due to excessive perspiration, they may become infected with bacteria, resulting in an itchy rash made of small, white-headed pimples around damaged hair follicles. You may be more susceptible to folliculitis if you already have a skin condition such as dermatitis, or if you have diabetes, are obese or live in a warm, humid climate. Sometimes, folliculitis clears in two to three days, but if it spreads or tends to recur, you may need antibiotics or antifungal medications prescribed by your doctor.

Helpful tips

You can take steps to help avoid or minimize the effects of a groin rash by:

- **Dressing with care** — Avoid wearing tightfitting undergarments or clothing that chafes. Wear breathable, soft, natural fibers.

- **Bathing with care** — Make a point to bathe daily, but avoid hot water and harsh soaps, and dry yourself thoroughly by blotting your skin or by using a blow-dryer set on the cool setting for problem areas.

- **Setting up barriers** — Apply zinc oxide as a barrier cream or use a powder barrier — either baby powder or a drying, antifungal powder such as Zeasorb-AF — on a daily basis, especially after bathing. This will keep the groin area dry and prevent skin breakdown due to excessive moisture buildup.

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Fiber in food

From good to great

Dietary fiber is great for your health. It helps reduce your risk of developing constipation, hemorrhoids or outpouchings of the large intestine (diverticulosis). It can help to improve cholesterol levels and lower blood sugar. It may also help protect against heart attack and stroke — and possibly even colon cancer.

Still, most Americans don’t get the recommended daily intake of dietary fiber. For women over age 51, it’s 21 grams. For men over 51, it’s 30 grams. Use the good and great choices below to help gradually get your fiber intake up to these levels.

<table>
<thead>
<tr>
<th>Good choice</th>
<th>GREAT choice</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bread</strong></td>
<td><strong>Fiber (grams)</strong></td>
</tr>
<tr>
<td>Bagel, plain (3 1/2 inch)</td>
<td>Oat bran muffin (1 medium)</td>
</tr>
<tr>
<td>Bread, white (2 slices)</td>
<td>1.6</td>
</tr>
<tr>
<td>Tortilla, white (10 inch)</td>
<td>3.0</td>
</tr>
<tr>
<td>Flour, white (1 cup)</td>
<td>3.4</td>
</tr>
<tr>
<td><strong>Cereal</strong></td>
<td></td>
</tr>
<tr>
<td>Cornflakes (1 cup)</td>
<td>0.7</td>
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<tr>
<td>General Mills Cheerios (1 cup)</td>
<td>3.6</td>
</tr>
<tr>
<td>General Mills Wheaties (3/4 cup)</td>
<td>2.7</td>
</tr>
<tr>
<td>General Mills Whole Grain Total (3/4 cup)</td>
<td>2.7</td>
</tr>
<tr>
<td>Quaker Life (3/4 cup)</td>
<td>2.1</td>
</tr>
<tr>
<td>Kell ogg’s Smart Start (1 cup)</td>
<td>2.7</td>
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<tr>
<td>Cream of wheat, quick cooked, (1 cup)</td>
<td>1.2</td>
</tr>
<tr>
<td><strong>Grains</strong></td>
<td></td>
</tr>
<tr>
<td>Spaghetti, enriched (1 cup)</td>
<td>2.4</td>
</tr>
<tr>
<td>Rice, brown (1 cup)</td>
<td>3.5</td>
</tr>
<tr>
<td>Egg noodles, enriched (1 cup)</td>
<td>1.8</td>
</tr>
<tr>
<td>Carrot, raw (1 medium)</td>
<td>1.7</td>
</tr>
<tr>
<td>Celery, raw (1 stalk, medium)</td>
<td>0.6</td>
</tr>
<tr>
<td>Broccoli, raw, chopped (1/2 cup)</td>
<td>1.1</td>
</tr>
<tr>
<td>Tomato, red (1 medium)</td>
<td>1.5</td>
</tr>
<tr>
<td>Lettuce, iceberg, shredded (1 cup)</td>
<td>0.7</td>
</tr>
<tr>
<td>Potato, baked (1/2 cup)</td>
<td>1.3</td>
</tr>
<tr>
<td>Zucchini, sliced (1/2 cup)</td>
<td>0.6</td>
</tr>
<tr>
<td><strong>Fruits</strong></td>
<td></td>
</tr>
<tr>
<td>Cherries (1/2 cup)</td>
<td>1.6</td>
</tr>
<tr>
<td>Grapefruit (1/2 medium)</td>
<td>2.0</td>
</tr>
<tr>
<td>Applesauce (1/2 cup)</td>
<td>1.6</td>
</tr>
<tr>
<td>Peach (1 medium)</td>
<td>1.5</td>
</tr>
<tr>
<td>Blueberries (1/2 cup)</td>
<td>1.8</td>
</tr>
<tr>
<td>Strawberries sliced (1/2 cup)</td>
<td>1.7</td>
</tr>
<tr>
<td>Pineapple, fresh chunked (1/2 cup)</td>
<td>1.2</td>
</tr>
<tr>
<td>Raisins (1.5-ounce box)</td>
<td>1.6</td>
</tr>
<tr>
<td><strong>Nuts</strong>*</td>
<td></td>
</tr>
<tr>
<td>Macadamia (1 ounce)</td>
<td>2.3</td>
</tr>
<tr>
<td>Cashews (1 ounce)</td>
<td>0.9</td>
</tr>
<tr>
<td>Walnuts, raw (1 ounce)</td>
<td>1.9</td>
</tr>
<tr>
<td><strong>Snacks</strong></td>
<td></td>
</tr>
<tr>
<td>Pretzels (10 twists)</td>
<td>1.9</td>
</tr>
<tr>
<td>Nature Valley Granola (2 bars)</td>
<td>2.0</td>
</tr>
<tr>
<td>Nabisco Wheat Thins (16 crackers)</td>
<td>1.0</td>
</tr>
</tbody>
</table>

Fiber supplements such as methylcellulose (Citrucel) or psyllium (Metamucil, Konsyl, others) can help to boost your fiber intake by providing about 2 to 5 grams of fiber a dose.

*Dry roasted, unless otherwise indicated
Questions and our answers

Q: I recently had a colonoscopy test that showed no polyps. But my doctor told me that I need to have another colonoscopy in the next couple of years because my colon preparation hadn’t been thorough enough. Is this common? And what can I do to prevent this from happening the next time?

A: You’re not alone. Although rates of inadequate colon preparation prior to colonoscopy vary from one medical center to another, it generally occurs in 10 to 15 percent of people nationwide.

If this happens in someone considered at average risk of colon cancer, the test is typically repeated sooner than would otherwise be recommended.

As for improving the results of your colon preparation, consider shifting your diet to clear liquids — preferably electrolyte-rich solutions such as broth and sports drinks — two days before doing the actual colon preparation. Doing so can substantially improve the quality of the preparation process in many people, as well as decrease the chances that the procedure will need to be redone.

Take the entire preparation as directed by your doctor, and be sure to stay well hydrated throughout the preparation process. True, you’ll consume a great deal of liquid as part of the actual preparation. But this liquid isn’t absorbed into your system and actually pulls water out of your body.

You can continue to drink clear liquids as you consume all of the colon-cleansing solution, and for up to four hours prior to your procedure. Doing so will keep you hydrated and make the day of the procedure easier overall.

If you’ve had trouble with the preparation, it’s important to tell your health care providers before you have the test, as they may decide to alter your preparation schedule to try to maximize the quality of your test.

Q: I’ve heard of a lot of home remedies for soothing a bee sting. What works best?

A: There certainly are a lot of home remedies for soothing a bee sting, as anyone who has been stung at a family picnic can attest.

A few examples include applying to the sting site a wet aspirin tablet, aloe vera, paste made from baking soda or a commercial meat tenderizer — or even an onion slice.

These home remedies and others may have some merit, but the simplest and probably the best way to treat a bee sting involves these three steps:

■ Remove the stinger as soon as possible, if one is left behind. But do so without squeezing the venom sac attached to the end of the stinger, as this can release more venom. You can do this by scraping the stinger out with a straight-edged object such as the edge of a credit card or a long fingernail.
■ Wash the sting area with soap and water.
■ Put a cold pack or a cloth filled with ice on the sting area. This helps reduce pain and swelling. Topical products containing benzocaine (Americaine, Sting-Kill, Lanacane, others) also are very effective at relieving pain.

For more persistent itching, you may want to consider applying hydrocortisone cream or calamine lotion. If swelling is still bothersome after icing the area, an oral antihistamine such as Benadryl, Chlor-Trimeton or Claritin may help. Be aware that older antihistamine drugs such as Benadryl and Chlor-Trimeton often cause drowsiness, and Claritin may in some people.

Have a question or comment?
We appreciate every letter sent to Second Opinion but cannot publish an answer to each question or respond to requests for consultation on individual medical conditions. Editorial comments can be directed to:
Managing Editor, Mayo Clinic Health Letter, 200 First St. SW, Rochester, MN 55905, or send email to HealthLetter@Mayo.edu

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